

SERVICE PLAN

Number _____

A. SCOPE OF SERVICES

In consideration of the County’s designation of Hospital as a Primary Stroke Center (PSC) as described in EMS Policy #38, Hospital shall perform the services identified in this Service Plan without interruption, 24 hours per day, 7 days per week, 52 weeks per year for the full term (three years) of this Contract as set forth below:

Provide all services, equipment, and personnel including maintenance of adequate staffing levels, equipment, and facilities according to the following Primary Stroke Center Designation Criteria set forth in EMS Agency Policy on EMS Primary Stroke Center Designation.

Accept all Contra Costa County suspected stroke patients triaged as “Stroke Alerts” and transported to the Hospital and provide appropriate medical management for said victims without regard to the patient’s race, color, national origin, religious affiliation, age, sex, or ability to pay.

B. HOSPITAL SERVICES

Hospital shall keep in effect the following:

1. Licensure under California Health and Safety Code Section 1250 et seq.
2. Permit for Basic or Comprehensive Emergency Medical Services pursuant to the provisions Title 22, Division 5, of the California Code of Regulations.
3. Joint Commission Primary Stroke Certification or equivalent nationally recognized Primary Stroke Certification as approved by the EMS Agency.
4. Priority telephone line to be used by prehospital personnel to contact Hospital regarding “Stroke Alert” patients.
5. Internal protocols in place to assure reliable notification of prehospital personnel of CT diversion consistent with EMS Agency hospital diversion policy.
6. Neurosurgical consultation and referral:
 - a. California permit for neurosurgical intervention,
or
 - b. A plan for rapid emergency transport (within 3 hours) to a facility with neurosurgical intervention capabilities.

C. STROKE CENTER PROGRAM PERSONNEL

Hospital shall provide program oversight staff and shall have available all staff necessary to perform optimal care for patients with suspected stroke.

1. PSC Program Medical Director:
 - a. Qualifications:
 - 1) Identified Physician Leader supporting the Certified Primary Stroke Center -
 - b. Responsibilities:
 - 1) Oversight of Stroke program patient care,

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- 2) Coordination of staff and services,
 - 3) Authority and accountability for quality and performance improvement,
 - 4) Participation in protocol development,
 - 5) Establishes and monitors quality control, including Mortality and Morbidity, and
 - 6) Participation in Contra Costa EMS Stroke System QI (Quality Improvement) Committee.
2. PSC Program Manager:
- a. Qualifications:
 - 1) California RN License, and
 - 2) Stroke care/program experience.
 - b. Responsibilities:
 - 1) Supports PSC Medical Director functions
 - 2) Acts as EMS-Stroke Center Program Liaison
 - 3) Facilitates EMS-Facility Stroke Center data sharing
 - 4) Manages EMS-Facility Stroke QI activities
3. Physician Consultants:
- Hospital shall maintain a daily on-call roster of:
- a. Neurologist (s) with privileges and evidence of training/experience or Neurologist consultation using telemedicine.

D. PERFORMANCE STANDARDS

1. Hospital shall be compliant with performance standards required to qualify and maintain -Primary Stroke Center Certification. -Primary Stroke Certification represents the following capabilities:
 - a. Adequate staff, equipment and training to perform ED rapid evaluation, triage and treatment.
 - b. Standardized stroke care pathway.
 - c. 24/7 stroke diagnosis and treatment capacity.
 - d. Quality assurance system supporting patient safety and optimal stroke care.
2. Primary Stroke Certified Hospitals using telemedicine are to have the ability to provide brain imaging (e.g. CT/MRI) interpretation within 45 minutes of hospital arrival for those patients who arrive in less than four hours after onset of symptoms.
3. Primary Stroke Certified Hospitals using telemedicine shall have the staff and technical support to assure the technology is available and can be used reliably.

E. COMMUNITY STROKE REDUCTION PLAN

Hospital shall develop a written plan to reduce stroke through community participation and promotion of education and activities to reduce risks of stroke and heart disease in all patient populations. Community messages should focus on:

1. Signs and symptoms of Stroke.
2. Time-sensitive window for EMS response.

Initials: _____

3. Educational materials and campaigns that are culturally sensitive, language appropriate and presented at the literacy level of the intended audience.

F. DATA COLLECTION AND REPORTING

Hospital shall:

1. Maintain minimum data reporting elements consistent with - Primary Stroke Center data reporting standards in compliance Hospital Primary Stroke Certifying Organizations e.g. Joint Commission.
2. Respond to EMS Agency requests for data on “Stroke Alert” patients transported to Hospital by ambulance within ten (10) business days.
3. Establish and maintain a written agreement with the California Stroke Registry.
4. Submit data into the California Stroke Registry.
5. Grant permission to the California Stroke Registry to send data files and reports to the EMS Agency using the California Stroke Registry’s Limited Data Set (Appendix A) to fulfill PSC Stroke System reporting requirements.
6. Participate in the implementation of data elements related to future Stroke System performance improvement activities.

G. QUALITY IMPROVEMENT

The Hospital PSC shall maintain internal quality improvement processes and procedures as required by - Primary Stroke Center Certification and serve on the Contra Costa Stroke (Quality Improvement (QI) Committee. The Contra Costa Stroke CQI Committee provides the medical oversight and guidance for the Contra Costa Stroke System. Hospital participation in stroke system quality improvement includes but is not limited to:

1. Hospital PSC Medical Director and Nurse Coordinator shall represent the hospital as members of the Contra Costa Stroke QI Committee.
2. Review and analysis of quality improvement reports on pre-hospital and hospital components of the stroke system care.
3. Collaboration with the EMS Agency to revise and improve the stroke system.
4. Support for EMS Agency quality improvement activities including educational activities for prehospital personnel.

H. DESIGNATION MAINTENANCE

The Hospital shall be qualified for automatic re-designation as a PSC upon the following conditions:

1. Meet and maintain PSC designation criteria.
2. Provide data for stroke system oversight.
3. Participate in Stroke System QI meetings and activities.
4. Promote and participate in community stroke awareness and reduction.
5. Pay a \$5,000 annual maintenance fee.

I. LOSS OF DESIGNATION

1. Failure to meet and maintain PSC designation criteria.

Initials: _____